Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

INTERCEP Form 4 July 07, 201	T PHARMACEU	JTICALS II	NC								
FORM	ЛЛ							OMB APPROVAL			
	STATES S	SECURITIES AND EXCHANGE CO. Washington, D.C. 20549					COMMISSION	OMB Number:	3235-0287		
Check th if no lon	aer.	x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:	January 31, 2005	
subject t Section	SIAIE 16.								Estimated average burden hours per		
Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	(a) of the P	o Section 16(a) of the Securities Exchange Act of 1934, e Public Utility Holding Company Act of 1935 or Section h) of the Investment Company Act of 1940					response	0.5			
(Print or Type	Responses)										
			2. Issuer Name and Ticker or Trading Symbol INTERCEPT PHARMACEUTICALS INC [ICPT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. 1 (M				Pate of Earliest Transaction onth/Day/Year) 05/2016				Director 10% Owner X Officer (give title Other (specify below) below) CMO and EVP - Development			
			4. If Amendme Filed(Month/Da	onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YOR	K, NY 10011							Form filed by Me Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Table I - I	Non-E	Derivativ	e Secu	rities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemec Execution D any (Month/Day	Date, if Trans Code //Year) (Instr	saction r. 8)	4. Securit or Dispos (Instr. 3, Amount	sed of	(D)) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	07/05/2016		S <u>(1)</u>		163	D	\$ 145.109	48,391 <u>(2)</u>	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Shapiro David C/O INTERCEPT PHARMACEUTICALS, INC. 450 W. 15TH STREET, SUITE 505 NEW YORK, NY 10011			CMO and EVP - Development				
Signatures							

/s/ Bryan Yoon, as attorney-in-fact

07/07/2016

Date

**Signature of Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Each employee of the Issuer who has received restricted stock awards has agreed to a mandatory sale of a sufficient number of shares of(1) common stock to cover his or her withholding tax amounts upon the vesting of such restricted stock awards. The sales denoted here were made pursuant to such agreement to cover withholding tax obligations of the employee.

Includes a correction of 8 shares that were added to the Reporting Person's beneficial ownership of securities due to a clerical error in the(2) documentation provided by the Reporting Person's broker of a mandatory sale that occurred on April 4, 2016 of common stock to cover the withholding tax amounts upon the vesting of such restricted stock awards.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.